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20995 7590 09/09/2004

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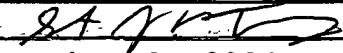
12/14/2004 HUVDNG2 00000088 111410 10644047

01 FC:1504 300.00 OP  
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<b>Steven J. Nataupsky</b>		(Depositor's name)
		(Signature)
<b>December 8, 2004</b>		(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/644,047	08/19/2003	Ronald B. Luther	RLUTHER.005C1	5133

**TITLE OF INVENTION: HARD TIP OVER-THE-NEEDLE INTRAVENOUS CATHETER**

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional	YES	\$665	\$300	\$965	12/09/2004
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EXAMINER	ART UNIT	CLASS-SUBCLASS
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ROBINSON, DANIEL LEON	3742	604-164010
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1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
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1 KNOBBE, MARTENS,

2 OLSON & BEAR, LLP

3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

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Issue Fee  
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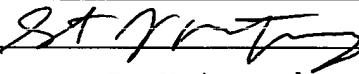
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 Payment by credit card. Form PTO-2038 is attached.  
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 11-1410 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature



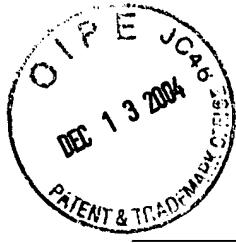
Date December 8, 2004

Typed or printed name Steven J. Nataupsky

Registration No. 37,688

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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**PATENT**

Case Docket No. RLUTHER.005C1  
Date: December 8, 2004

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant(s) : Ronald B. Luther  
Appl. No. : 10/644,047  
Filed : August 19, 2003  
For : HARD TIP OVER-THE-NEEDLE  
INTRAVENOUS CATHETER  
Group Art Unit : 3742  
Class/Sub-Class : 604-164010  
Examiner : Robinson, Daniel Leon

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

December 8, 2004

(Date)

Steven J. Nataupsky, Reg. No. 37,688

**TRANSMITTAL LETTER**

**MAIL STOP ISSUE FEE**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, VA 22313-1450**

Dear Sir:

Enclosed for filing is the Issue Fee for the above-identified application:

- (X) Form PTOL-85.
- (X) A check in the amount of \$1,015 to cover the issue fee, publication fee, and advanced order of copies is enclosed.
- (X) The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Account No. 11-1410.
- (X) Return prepaid postcard.



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